## **Entry Blank—Please Type or Print**

Ms./Artist	Anna	Arn	old	,
				(last name last)
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Temporary or Studio Address				
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If you do not present Reserve, in which co		the counties of the	Western	
Collaborator (if any)				
If May Show entries Artist will pick u  Museum should  Museum should	p at Museum. dispose of.			
	Street			
City	State			Zip
Special Instru	rtions			

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until September 5, 1993.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

I have received the unsold/unaccepted object(s) (in good condition

## **Entry Blanks**

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